

**Issue Classification**

XXXXXXXXXXXXXXXXX  
(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

/Yonel Beaulieu/  
Yonel Beaulieu  
10/30/10

(Primary Examiner) (Date)

**Total Claims Allowed: 19**

O.G.  
Print Claim(s)

1

O.G.  
Print Fig.

14☒ Claims renumbered in the same order as presented by applicant☐ CPA

☐ T.D.

□ R.1.47

Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
	1		31		61		91		121		151		181		181	
	2		32		62		92		122		152		182		182	
	3		33		63		93		123		153		183		183	
	4		34		64		94		124		154		184		184	
	5		35		65		95		125		155		185		185	
	6		36		66		96		126		156		186		186	
	7		37		67		97		127		157		187		187	
	8		38		68		98		128		158		188		188	
	9		39		69		99		129		159		189		189	
	10		40		70		100		130		160		190		190	
	11		41		71		101		131		161		191		191	
	12		42		72		102		132		162		192		192	
	13		43		73		103		133		163		193		193	
	14		44		74		104		134		164		194		194	
	15		45		75		105		135		165		195		195	
	16		46		76		106		136		166		196		196	
	17		47		77		107		137		167		197		197	
	18		48		78		108		138		168		198		198	
	19		49		79		109		139		169		199		199	
	20		50		80		110		140		170		200		200	
	21		51		81		111		141		171		201		201	
	22		52		82		112		142		172		202		202	
	23		53		83		113		143		173		203		203	
	24		54		84		114		144		174		204		204	
	25		55		85		115		145		175		205		205	
	26		56		86		116		146		176		206		206	
	27		57		87		117		147		177		207		207	
	28		58		88		118		148		178		208		208	
	29		59		89		119		149		179		209		209	
	30		60		90		120		150		180		210		210	